STATE FOR HEALTH DEPT.

TO DEPUTY ME. EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the State Department and in any event within 7 hours after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, of Health or its designated agent, prior to burial, cremation, or removal, VR AISME (5) 5M 1/65

V

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03688	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	03678
1. PLACE OF DEATH a. COUNTY Charles		MARYLAND	a, STATE	b. COUNT	
b. CITY OR TOWN (If outside c write RURAL end give neer Faulkner	orporate limits, est town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	itside corporate fimits, write	e RURAL and give neerest town
d. NAME OF HOSPITAL OR INST	TITUTION (If not in ho	ospital, give street eddress)	d. Sher Abbress		e. IS RESIDENC ON A FARM?
3. NAME OF	First	Middle		x 112	YES NOVE
DECEASED (Type or print)	Karlis	A.A.u.s	Berts	OF 3-19-6	/
5. SEX 6. COLOR OR Male White	RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 9-7-1904	9. AGE (In yeers if Mark of 1 yra.	FUNDER 1 YEAR IF UNDER 24 HR Iontha Daya Hours Min
10s. USUAL OCCUPATION (Give kind of during most of working life, even if Lumber mill	raticad) 18	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (Star	via	12. CITIZEN OF WHAT
Juris B Bert	Technology of the control		14. MOTHER'S MAIDEN	- umma U	aeglis
15. WAS DECEASED EVER IN U.S. ARI (Yes, no, or unknown) (If yes give war or IQ O	r dates of service) 57	social security no. 17. 79-42-6878 1668577	Wife-Melda	A.Berts Ch	Rt.#1 Box 1 arlotte Hall
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	SED BY:	na for (a), (b), and (o).] juries Multi		Maryl	and Interval Between
9/2 IMMEDIATE	DUE TO	laries marti	DIE DYCLEM		I mine a La o
Conditions, if any, which	(b) Bu	ll-dozer tur	ning over	on him	
cause (e), atating the underlying cause lest.	DUE TO				
PARTIL OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ARTI(a) 19. WAS AUTOPSY PERFORMED? YES NO
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	U Was	ESCRIBE HOW INJURY OCCU Crushed by nim	having a	oull-dozer t	urn over
PARTII. OTHER SIGNIFICANT CO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month 1-PM p.m. 3-19-6		/ facto	ce of injury (Home, farm ry, street, office bldg., etc. Road	Faulkner, C	(County) (State) harles Md
21. I certify that I took	charge of the rem		ld an Autopsy 🔲,	Inspection 💂, Inquir	y 🖳, and in my opinio
death resulted from: N	latural causes	Accident Sui	cide, Homicide		nanner 🗌
ACTUAL SIGNATURE	00	Janeur	CHIEF MEDICAL E	CAL EXAMINER	22. DATE SIGNE
EVAMINENCE		7 11	DEPUTY MEDICAL	EXAMINER XX	3-19-66
NAME (Type) James	E. Andrews		Adeless-(Street,		
23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIAL 3	/23/66	Rock Creek		Washington,	
24. FUNERAL DIRECTOR	ines Co.	Washington	25a. REC'C	BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

811 xm 14 .47 elvisi sivisi egin Telligett card winter treet official and the state of the s about the relative to the front of the all do vevo an insuf tatole 108 A CAN BE WELL OF LANDING BUT AND A SECOND OF THE SECOND SE 77/ E8/C FF FF F Fedit Dreet Coletar Thatelog Spect Inch washington, J. C. Max 2 Brills Production The S. H. Pines Co.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pusicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The piece remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

DIVISION OF S	MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MADVIAND
		I, MARTLAND
03689	CERTIFICATE OF DEATH	03679
ADE OF BEATH		

USSSS	IE UF DEATH			
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
a. COUNTY Charles MARYLANO	a. STATE Manual and b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 1	Mary Land Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town)				
Bel Alton	Bel Alton 62-/			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?			
	YES NO.			
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) Mary Catherine	Diggs DEATH March 11 1966			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 AGE (In years LIFTINDER 1 YEAR IF LINDER 24 HRS.			
Female Negro WIDOWED DIVORCED	11/22/1899 last birthday) Months Days Hours Min.			
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT			
during most of working lite, even if retired) House wife INDUSTRY At Home	COUNTRY?			
13. FATHER'S NAME	Charles County , Md. U.S.A.			
(Unkown) Marshall	(Unkown)			
(Yes, no, or unkown) (If yes give war or dates of service)	. INFORMANT Address Bel Alton, Md.			
No Unkown	Mrs. Blanche Tolson-Sister-in-law			
18. CAUSE OF DEATH [Enter only one cause per jine for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	City Checenoma ONSET AND DEATH			
1900	CHIL			
Conditions, If any, which \ DUE TO MERCENT	Int Mech desurce D'36			
gave rise to immediate				
cause (a), stating the DUE TO underlying cause last.	in)			
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY			
PERFORMED?				
	YES NO Y			
☐ OR CONTRIBUTING	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)			
= Hand and fac	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)			
Hour a.m. p.m. 19 While Not While rac	de la constitución de la constit			
21. I certify that (I) (this hospital) attended the deceased from	to 3 -// 162 6, that (I) (we) last			
	at death occurred atM, from the causes and on the date stated above.			
22a. SIGNATURE	at death occurred at 7 m, from the causes and on the date stated above.			
TE dela.	ATTENDING - MED STAFF - STAFF			
	I.D. PHYS. DIRECTOR PHYS.			
22c. PHYSICIAN'S NAME (Type) F J F SM F A	Latella Me-			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
REMOVAL (Specify)				
Burial 3/14/1966 St. Thomas	s Manor Cemetery -Bel Alton, Marylan			
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
Arehart Funeral Home, IncLa Pla	ita Md DAHAR 15 1966 (Charles Judge			

VR AI5 (4) 20M 1/65

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STATE FOR DEPT: HEALTH

cessary, funeral may be TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR AISME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 3681)

-					
1.	PLACE OF DEATH a, COUNTY			E (Where deceased lived, If institution:	Residence before admission)
	CHARLES	6. STATE b. COUNTY Maryland Charles			
	b. CITY OR TOWN (If outside corporate lim write RURAL end give nearest town)	maryland nits, c. LENGTH OF STAY IN 1b		outside corporate limits, write RURA	L and give nearest town)
	LaPlata		Waldorf		08-1
	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Physicians Memorial H				YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print) JAMES		HAMILTON	DEATH 3	21 19 66
5.	SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE Months	R 1 YEAR IF UNDER 24 HRS.
H	ridie Willie	IDOWED DIVORCED	2-24-01	65 ута.	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (S	tata or foraign country) 12. (CITIZEN OF WHAT
u u	[700 mm. m.		Moldad	ac Mi	COUNTRY
13	FATHER'S NAME	10bacco	14. MOTHER'S MAID	EN NAME	<u>V - // · </u>
-	Toba D Hamilton		1-AURA	VEDNON	
1!	. WAS DECEASED EVER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO. 17.	INFORMANT.	Address	
(Y	es, no, of unkown) (If yes give war or dates of servi	(ce)	LA HAMIL	ton MALDOR	F. Md
	18. CAUSE OF DEATH [Enter only one ceu	se per line for (e), (b), and (c).]		JUN JUIL GEL	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Arterioscleroti	c cardiovas	rular disease	ONSET AND DEATH
	IMMEDIATE CAUSE (e)_		o cararovas.	Datal Gibeabe	
	Conditions, If any, which \ (b)				Market Trail
	gave rise to immediate				
1	cause (e), stating the DUE TO				
-	underlying cause last. (c)				110 1110 11170001
TION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED?
100	OO- PYTEONIAL OLUGE WAS	COL DESCRIPT (IOW IN INCOME.	2252 (5-1	I have be Don't I as Don't II as I have the	YES NO
MEDICAL CERTIFICATION	20a. EXTÉRNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item 1	8.)
AL O	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 2De. PLAC	CE OF INJURY (Home, fa	rm. 2Df. (City or town) (Co	ounty) (State)
100	Hour a.m.	While Mot While	ry, street, office bldg., et	tc.)	
M	p.m. 19	et work at work			
	21. I certify that I took charge of	the remains described above, hel	d an Autopsy X,	Inspection, Inquiry	, and In my opinion
	death resulted from: Natural cause	ses 🗓, Accident 🔲, Sui	cide 🔲, Homicio	de 🔲, Undetermined manner	
	0-01		CHIEF MEDICAL	EXAMINER X	
	ACTUAL SIGNATURE	ther	_M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED
1			DEPUTY MEDIC	AL EXAMINER	3-21-66
	RUSSELL S.	FISHER, M.D.	Address (Street	t, city, town, or county)	
23	a. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
1	3URIAT 5-24-	66 8+. PAU	1/5	WALDOBF	Md.
24	FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR 250 REGISTRAL	R'S SIGNATURE
1	tunt Time apl	HOME WINING	E MA DMAR	28 1956 Jane	es Judge
1	VIVI I VIVINI	WILL WALGOD	- I I GI DAIL		

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death. Page 4 may be retained by the hospital or attending physician.

TO HOSFITAL OR ALLENDING A strategies or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0000	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If institution: Rasidance before edmission)
Charles MARYLAND	b. COUNTY Maryland Charles
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
La Plata	Port Tobacco
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Physicians Memorial Hesp.	ON A FARM? YES V NO
3. NAME OF DECEASED A Constitution of the American Middle	Last A. DATE Month Dey Year OF
(Typa or print) ALDERT Augustine	HYDE DEATH 2 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Cauc WIDOWED DIVORCED	July 8, 1915 SO yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	
Printer Printing	Charles County Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Metcalf Hyde	Elizabeth G. Burch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
(Yas, no, or unkown) (Ifyas give wer or datas of service) Unkown Mrs.	Laura M. Hyde , Port Tobacco . Md.
18. CAUSE OF DEATH (Enter only one cause for I/ha for (a), (b), and (c).]	LINTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH ?
IMMEDIATE CAUSE (a)	17-17-16
T +01 DUE TO	
Conditions, if any, which gava risa to immadiata causa	
(a), stating the underlying DUE TO	원이 다른 사람들은 일본 기업을 받았다.
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
THE STATE OF THE S	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	2. (Enter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Slata) ory, straat, offica bldg., atc.)
Hour a.m. While Not While at work at work	
21. 1 certify that (I) (this hospital) attended the deceased from	2-12 100 to 249 that (1) (we) last
	death occurred aff. AM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
A totalen M.	D. PHYS. DIRECTOR PHYS. 7 3/20/1966
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPE) E S EDELEN M.D.	La Plata, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	
Burial 3-23-66 St. Ignatius	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25- AREC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc., La Plata	Md. ONE 20 1966 Judge
	1 0 0

VR A1S (4) 20M S-63

18859 J. P. San San Carlo 6.51 Jt 2... . so line. Homelone y. Teningua. 2.10 (a. 1.20) (b. 1.20) (c. 1.20) and the storage of the state LEI . St. cossist and the second of the second of the second Carren Condense Hill Barren III . C. CHELLER Ecological . Section . Sectio . A , of Co ie good present a mistan k. stand Co-Es-c Late and a sole for the sole of the

ATTENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours after TO HOSPITA OF A may be death. Page 4 may be TO FUNERAL DIREC director, page 3 should be filed with the State

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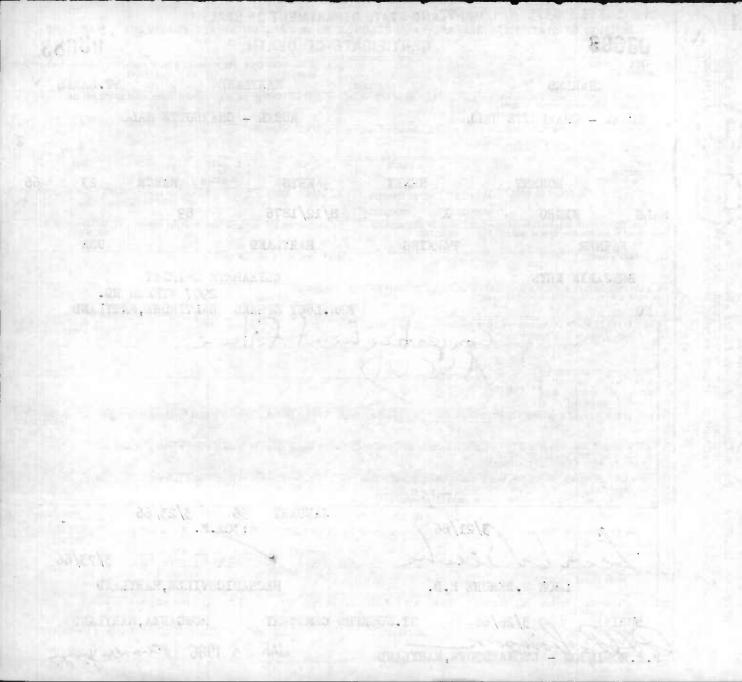
VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECO	ATE OF DEATH
	1. PLACE OF DEATH a. COUNTY Charles MARYLANI	2. USUAL RESIDENCE (Whara deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	
	write RURAL and give nearest town) La Plata	Morgantown 62-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
7	Physicians Memorial Hosp.	YES NO
	3. NAME OF DECEASED OF A Sirst Middle	Last 4. DATE Month Day Yaer
	(Type or print) FRAN A THOMAS	JONES DEATH 3 22 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Cauc. WIDOWED DIVORCED	10-5-1880 86/85 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even it retirad)	
	Farmer	Charles County, Md. U.S.A.
ı	13. FATHER'S NAME	
	William C. Jones 15. Was deceased eyer in u.s. armed forces? 16. social security no. 11	Mary Batiman
ı	(Yes, no, or unkown) (Ifyesgivawerordatesofservice)	I A I D OF N A MA
	NO 210-18-6720	James J. Jones, Box 37, Newburg, Md.
	PART I. DEATH WAS CAUSED BY:	O PRELLEVOURE ONSET AND DEATH
	IMMEDIATE CAUSE (e)	O premioria
	Conditions, if any, which (b)	
	gave rise to immediate ceuse	
	(e), stating the underlying DUE TO cause lest. (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT 200. ACCHOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO NO
1	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCL	RED. (Enter natura of injury in Part I or Part II of item 18.)
	200. ACCHOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. While Not While et work at work 19	lectory, straet, offica bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased fro	m 3-2/ 166 to 3-22, 166, that (1) (we) last
1		hat death occurred atM, from the causes and on the date stated above.
-	22a. SIGNATUR	ATTENDING MED. STAFF 22b. PATE
1	(delen	M.D. PHYS. DIRECTOR PHYS. 3/23/61
	22c. PHYSICIANYS NAME Myps T T TO THE TOTAL TOTAL	22d. ADDRESS
	E.J.EDELEN M.D.	La Plata, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	
0	Burlal 3-25-00 Unrist Uni	arch Cemetery Wayside, Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
)	Arehart Funeral Home, Inc., La Pla	ata, Md. MAR 28 1966 Icharles Judge

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Item 1 Film G375 4/4/MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after CHARLES the MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours RURAL - CHARLOTTE HALL RURAL - CHARLOTTE HALL .= papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Home of Grand Daughter YES NOT etely 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, comple ve car (Type or print) DEATH ROBERT HENRY KEYS MARCH 1966 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. Se 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Min. lan and 8/12/1876 WIDOWED X MALE NEGRO DIVORCED 89 = 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and physicia n please MARYLAND USA FARMING FARMER certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Ther ELIZABETH SHIRLEY BENJAMIN KEYS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2907 WYNKAN RD. 0 death (Yes, no, or unkown) (If yes give war or dates of service) cremation. SPEAKS BALTIMORE . MARYLAND the t MRS.LUCY 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c).] been signed by the burial-transit or to burial, crem ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. thed for use of the of PERFORMED? certificate YES [NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) be de State DIRECTOR: After tage 3 should be de Hour a.m. While Not While ATTENDING p.m. at work at work OR ATTENDIN be retained b JANUARY 3/23/66 19 1956 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6: 30 % of on the causes and on the date stated above. 21/66 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. PHYS. DIRECTOR PHYS. pag HOSPITAL PHYSICIAN'S TO FUNERAL 220 22d. ADDRESS director, p NAME (Type) LEON W.BERUBE M.D. MECHANICSVILLE.MARYLAND BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BURIA 26/66 ST. JOSEPHS CEMETERY MORGANZA, MARYLAND 25b. REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR VR A15 (4) MARYLAND



FOR STATE HEALTH DEPT.

cessary, ine funeral 5 may be State Department hours after death. S TO DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. ithin the pages 1 and a in any event permit. File parent in removal, and in 3 should be used as a burial-transit agent, prior to burial, cremation, or TO FUNERAL DIRECTOR: Page of Health or its designated

> VR AI 5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13684

LOUNTY Charles

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissions of the country of the countr

1.	PLACE OF DEATH 2. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Pro George's
	b. CITY OR TOWN (If outside corporate write RURAL and give nearest town La Plata	e limits, c. LENGTH OF STAY IN 1	Mt. Rainier, Md. 16-2
P	d. NAME OF HOSPITAL OR INSTITUTION Physicians & Surgeon		
3.	NAME OF First DECEASED (Type or print)	l Robison Mc Cal	DEATH
5.	male white	7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH Feb 20, 1910 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Months Days Hours Min.
1D du	Da. USUAL OCCUPATION (Give kind of work during most of working life, even if retired etired	one 1Db. KIND OF BUSINESS OR INDUSTRY CONTractor	11. BIRTHPLACE (State or foreign country) North Dekota 12. CITIZEN OF WHAT COUNTRY? U.S. A.
13	3. FATHER'S NAME		14. MÖTHER'S MAIDEN NAME
(7	David G Mc Calls 5. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no, or unknown) (If yes give war or dates of 1927-1931	RCES? 16. SOCIAL SECURITY NO. 1	Delia Brown 7. INFORMANT Pelia Mc Callum Mt Rainier, Md.
ATION	cause (a), stating the underlying cause lest.	TO Massive I.	elial Infurction, Massing Internal (S.J.) Bleeding ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION		Year 2Dd. INJURY OCCURRED 20e. F	CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PLACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
MED	21. I certify that I took charge death resulted from: Natural	of the remains described above,	held an Autopsy, Inspection, Inquiry, and in my opinion Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
		, 1966 Ft Lincoln	Cemetery Colmar Manor, Md.
1 2	F. Gasch's Sons	Hyattsville, Md.	DANAR 10 1966 Charles Judge

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ON A FARM? YES NO

IF UNDER 24 HRS.

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physician remove

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prior

After this etached

FUNERAL rector, page 3

P dig

within

1. PLACE OF DEATH a. COUNTY Charles

MARYLAND

CERTIFICATE OF DEATH

Md.

b. COUNTY Charles

b. CITY OR TOWN (if outside corporate limits. write RURAL end give nearest town) Pisgah

c. LENGTH OF STAY IN 16

Pisgah d. STREET ADDRESS

a. IS RESIDENCE

Month

AGE (In yeers | IF UNDER 1 YEAR

2. USUAL RESIDENCE (Whara deceased lived, If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

4. DATE

OF

DEATH

3. NAME OF DECEASED

Middle

19 66 March

Margaret Ellen Ann Medlev 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED

DIVORCED 1 12-17-1880

last birthdey) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired) Housework

Domestic

Pisgah. Md.

U.S.A.

13. FATHER'S NAME

Heart Failure

10b. KIND OF BUSINESS OR INDUSTRY

14. MOTHER'S MAIDEN NAME

PART I. DEATH WAS CAUSED BY:

10a. USUAL OCCUPATION (Give kind of work

Cau.

Nellie Ann Maddox 17. INFORMANT

Addre 7223 Dangerfield

Joseph W. Lyon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, ng, grunkown) | (If yes give wer or detes of service)

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).

Mr. Joseph Medley Clinton, Md. Coronary Thrombosis with Acute Congestive

ONSET AND DEATH 20 minutes

IMMEDIATE CAUSE (e) Conditions, if eny, which

geve rise to immediate cause

(a), stating the underlying

DUE TO

DUE TO Acute Respiratory Infection

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED? NO

20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.)

20f. (City or town)

(Stete)

ceusa lest.

20c. TIME OF INJURY Month, Day, Yeer Hour a.m. n m

2Dd. INJURY OCCURRED Not While While et work et work

factory, street, office bldg., etc.

20e. PLACE OF INJURY (Homa, ferm.

22b. DATE

saw the deceased alive on 3-28

DIRECTOR

19.66 , and that death occurred at 9... AM, from the causes and on the date stated above.

22e. SIGNATURE

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

ATTENDING PHYS. 22d. ADDRESS

PHYS.

SIGNED 3 - 29 - 66

22c. PHYSICIAN'S NAME (Type)

Frank A. Susan

23c. NAME OF CEMETERY OR CREMATORY

Indian Head, Md. 23d. LOCATION (City, town or county)

(Stete)

Burial 4-1-66 24 FUNERAL DIRECTOR'S SIGNATURE

St. Charles

Indian Head, Md 4 1956 Felian

VR A15 (4) 15M 9/60

REMOVAL (Specify)

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	no Enternal on	orite Rospitanio	
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	heed nothing	dangs.	Arstning St. Co.
nn Deru, Ind	in The Hart Ha		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a. COUNTY Charles	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Md b. COUNTY Charles		
MARYLAND !!			
b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 6. IS RESIDENCE		
Physicians Memorial Hospital	La Plata, Md.		
3. NAME DF First Middle 8	Last 14. DATE Month Day Year		
Operation John Cleveland	ONTGOMERY DEATH 3 4 1966		
5. SEX Ale 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min. Winder 24 Hrs. Min. Hours Min. Min		
Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Store Clerk Tob. KIND OF BUSINESS OR INDUSTRY MD. Tob. GROWERS	Charles Md. 12. CITIZEN OF WHAT		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
James Montgomery	Sarah Wilkerson		
(Vas no or unkown) (If you nive way or dates of corpice)	INFORMANT Address		
17 -07-9865	Mrs. Mary G. Montgomery		
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	10 GE INTERVAL BETWEEN ONSET AND DEATH		
MMEDIATE CAUSE (a) UE TO DUE TO	- 60		
Conditions, If any, which \ (b)	a sce - 11-53		
gave rise to immediate cause (a), stating the DUE TO			
underlying cause last. (c)	The state of the s		
PARTII. OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GTV. IN PART 1(a) 19. WAS AUTDPSY PERFORMED?		
on the state of th	Mexice 166 YES NO 19		
G (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)		
	E DF INJURY (Home, farm, 2Df. (City or town) (County) (State)		
Hour a.m. p.m. 19 While Not While factor, et work	y, street, office blug, etc.)		
21. I certify that (I) (this hospital) attended the deceased from	19 (to) 4(1966 that (I) (we) last		
	death occurred atM, from the causes and on the date stated above.		
228. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 3-4-66			
22c. PHYSICIAN'S / E.J. EDELEN	22d. ADDRESS LATA, MD.		
23a. BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)		
Burial 3-7-1966 Oakland	Waldorf Md.		
HUNTT FUNERAL HOME, MAID	ORFIMMAR 10 1966 Achienles Judge		
	7 7 7		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

EIVI	03697 MEDICAL EXAMI	INER'S CERTIFICATE OF DEATH	03687
PT.		2. USUAL RESIDENCE (Where deceased lived, if institution: Residual o. STATE b. COUNTY Maryland Charles	
after death	b. CITY OR TOWN (If outside corporate limits, Indian Head Md c. LENGTH OF STAY	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and a Indian Head Md	give neorest town)
ours of	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 101 Indian Head Avenue	d. STREET ADDRESS 101-Indian Head Age.	e. IS RESIDENCE ON A FARM? YES NO X
n 72 h	3. NAME OF DECEASED (Type or print) Abrabak/ First Robert Howard	d Murdock of 3-22-66	Doy Year
t withi	S. SEX Male W-US 6. COLOR OR RACE 7. MARRIED XX NEVER MARRI DIVORC	lest birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
ny ever	100. USUAL OCCUPATION (Give kind of work done drie Properties or Properties). Propertient		CITIZEN OF WHAT COUNTRY?
nd in a	13. Robert A. Murdock	Jane Henderson	
ovol, or	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes give wor or dates of service) 218934-640	77. INFORMANT Daughter Address D2 Margeret Gray-Indian Head	l Mđ
Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Ma	alnutrition	INTERVAL BETWEEN ONSET AND DEATH
motion	Conditions, if ony, which gove rise to immediate couse (o), DUF TO	c Carcinoma General	2-Yrs
ol, cre	stoting the underlying couse (t) Carcinoma	a of the Prostate	2-Yrs
to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTION		19. WAS AUTOPSY PERFORMED? YES NO
prior	20b. DESCRIBE HOW INJURY PRIMARY or CONTRIBUTING CAUSE OF DEATH.	OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
ogent	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	County) (State)
ignated	21. I certify that I taak charge of the remains described of death resulted from: Natural causes X, Accident	The board to be a second to be a sec	
its des	SHOWATURE To The line	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
如业	EXAMINED James E. Andrews MD	DEPUTY MEDICAL EXAMINER ALL MICHAEL MI	3-23-66
是	230. BURIAL REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEN	METERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
(5)	Burial 3-25-66 Old Dur 24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	
6	Archart Funeral Home, Inc., La	Plata, Md. DAMAR 28 1966 Jacon	as Judge

VR A15ME (5) 6M 1/66

FOR STATE HEALTH

delay is

after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours.

CAL EXAMINER:

TO DEPUTY ME

p.ease

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

DEPT.

18360 Light of the State burneys bash washing full The Property of the Park of th Townships of the same and the second of the second THE RESIDENCE OF THE PROPERTY OF THE PARTY O . DA . BEST ICE SUN. Harris Park Land Street

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER OF 5 may be retained for your files.

d 2 with the State Department of hin 72 hours after death 1. PLACE OF DEATH 2 TISTIAL RESIDENCE (Where deceased lived, if Institution; Residence before edmission) A. COUNTY . STATE Maryland b. county Charles CHARLES MARYLAND b. CITY OR TOWN (if outside comprate limits c. LENGTH OF STAY IN 1h e. CITY OR TOWN (If outside eorporote limits, write RURAL end give neerest town) write RURAL and give negrest lown) Hughesville HUGHESVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 1, 2, and 3 to the funeral di age 5 may be retained for 1 and 2 with the state Dep within 72 hours after dea ON A FARM? YES NO W 3 NAME OF Middle Lasi 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH 14 ELIZABETH PLATER 19 66 ETHET 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED "pending" in pencil in Ihem 18. Give Pages 1, 2, an xaminer's Office along with form PM3. Page 5 m used as a burial-transit permit. File name 1 VPE Female Colored 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) event St. Mary's Co.. IISA House wite Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any George 15. WAS DECEASED EVER IN U.S. ARMED PORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (Ifyesgivoworor dates of service) and 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN гетома ONSET AND DEATH PART L DEATH WAS CAUSED BY: Cirrhosis of liver IMMEDIATE CAUSE (0) DUE TO ö Conditions, if any, which used as a bu gave rise to immediate cause DUE TO writing the word "pending Chief Medical Examiner" This certificate (e), steting the underlying uld be used a burial, crem (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? X YES NO 13 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury In Pert I or Part II of item 18.) 0 PRIMARY [] of CONTRIBUTING [] EXAMINER: CAUSE OF DEATH. O ICAL A certificate, which to the Chief WEDICAL ă 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While Hour e.m. et work of work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion MEDICAL designated Natural causes XX death resulted from: Accident Suicide Homicide Undetermined manner the CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED execute SIGNATURE ils DEPUTY 3-14-66 DEPUTY MEDICAL EXAMINER ö EXAMINER'S plnods S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) A should be the NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d_ LOCATION (City, town, or county (Stote) REMOVAL (Specify)

VR A15ME 5M 1/63

23. FUNERAL DIRECTOR

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF FIEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS AND RECORDS AT THE CATE OF DEATH 03693

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before admission)
*. COUNTY Charles MARYLAND	* STATE Maryland b. COUNTY Charles
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
write RURAL and give neerest town) Indian Head	Indian Head, Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	Rt 1 Box 183
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Jesse James	Raby DEATH March 28, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min
Male Cau. WIDOWED N DIVORCED	June 17, 1893 72 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Self Employed Real Estate	North Carolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Albert Raby	Clarissa Byrd
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no. or unkown) (Ifyesgivewarordetesofservica)	INFORMANT Address Rt 1 Box 183
Yes Mexican Bord 215-38-3853	
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) Metastatic Car	cinoma of the lungs 6 mos.
DUE TO	
Conditions, if any, which (b)	
geve rise to immediate causa (a), stating the underlying DUE TO	
ceusa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YEAR TO THE TOTAL THE TOTAL TO THE TOTAL TOT	YES NO W
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PI	LACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PI Hour a.m. While Not While fe work 19 et work 19	ectory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1-15- 1965, to 3-28- 19.66 that (I) (NO) last
	at death occurred at
22a, SIGNATURE	22b. DATE
F & AD.	M.D. PHYS. MED. STAFF SIGNED ATTENDING MED. SIGNED PHYS. 3-28-66
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type) FRANK A. SUSAN	Indian Head, Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, lown or county) (Stete)
Burial 3-30-66 Mt. Rest	Cemetery La Plata, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Huntt Funeral Home, Waldorf, Mary	
maruori, maruori, mar	y Land DATE ! L 1000

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Indian head, Dairthad

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Harrist Sames III. Hour om offers La Plats, Marriana APA 1 1955 (Marriana Durist Duris

MARIE ARMEN

FOR STATE HEALTH DEPT.

TO DEPUTY. EDICAL EXAMINER. This certificate should be executed within 24 hours after death. If a page is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the unreral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 yeth the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

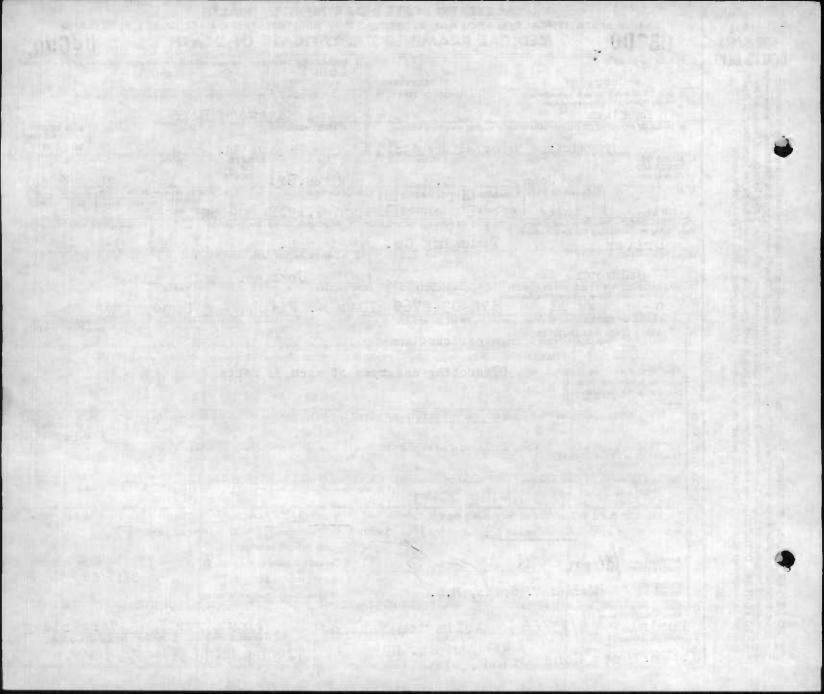
VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			institution: Rasidanca before edmission
Charles MARYLAND	a. STATE Maryland	b. COUN	Charles
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16			RURAL end give neerest town)
write RURAL and give nearest town) La Plata	#1 Edgewo	od Pood	40-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ou noau	I e. IS RESIDENCE
Dhanaini ann Marani 1 71 - 11 1		1216	ON A FARM?
Physicians Memorial Hospital 3. NAME OF First Middle	Bryans F		VES NO Day Year
DECEASED (Ivps or print)	OF		
John N.	Ritch, ST	3	10 19 66
7. MAKKIED A NEYEK MAKKIED		9. AGE (In yeers last birthday)	Months Deys Hours Min.
male white WIDOWED DIVORCED M 2	arch 9,1912	54 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
Driver Trucking Co.	Penna.		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Unknown	Unknown		
	NFORMANT	Address	
Yes, no, or unkown) (Ifyasgivawarordatesofservica) 578-0300765	Elva M. Ritch	Sam	e as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	32 va 11. 1(10011	Dan	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemopericardium			
DUE TO			
Conditions, if any, which gave rise to immediate cause (b) Dissecting aneury	sm of arch of aor	ta	
(a), stating the undarlying DUE TO			
causa last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
8			YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	ntar nature of injury In Part I or Part	Il of itam 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA While Not While factor at work at work at work	ory, street, office bldg., etc.)		
21. I certify that I took charge of the remains described above, he	ld an Autopsy 😾 Inspecti	on , Inquir	y , and in my opinion
death resulted from: Natural causes 🔀 Accident 🗍, Suici	de Homicide	Undetermined ma	anner [
	CHIEF MEDICAL EXAMINER	П	
ACTUAL MIGNIGAL S STS.	ASSISTANT MEDICAL EYAL		DATE SIGNED
SIGNATURE NO VICE I	DEPUTY MEDICAL EXAMINI		3/11/66
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	Addrass (Streat, city, Iown,		3/11/00
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)		CATION (City, town,	or country) (State)
Burial 3/15/66 Arlington Na	tional For	t Myer	Virginia
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REG		STRAR'S SIGNATURE
J. Wm. Lees Sons 300 4th St. NE	MAR 15	1050 gcc	carles Judge
wash., DC	DAIR!	1000	1



09704

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in anyworent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

US & U.A.	CERTIFICATI	E OF DEATH		00031
PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE	Where deceased lived, If institu	ution: Residence before admission)
Charles	MANVIAND	a. STATE Man	ryland b. COUNTY	Charles
b. CITY OR TOWN (if outside corporate limits, write RURAL and giva nearest town)	MARYLAND c. LENGTH OF STAY IN 1b		2	RURAL end give nearest town)
La Plata		_		07 1
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nosnital give street address)	Doncaste	r (Rural)	e. IS RESIDENCE
		d. SIREEI ADDRESS		ON A FARM?
Physicans Memorial Hos	_			YES XX NO
3. NAME OF FIRST DECEASED	Middle	Last 4	DATE Month	Oay Year
(Type or print) NELLIE	MAE SAU	INDERS	DEATH	12 196 6
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	B. DATE OF BIRTH		UNOER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED	July 12,189	92 73 yrs.	onthis Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. h	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife At		Virginia		U.S.A.
13. FATHER'S NAME	7 -01110	14. MOTHER'S MAIDEN	NAME	0.0.11.
Richard Duvall		Lound	Poilor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Laura	Bailey Address	T - D7 - 1 - 361
(Yes, no, or unkown) (If yes give war or dates of service)				La Plata, Md
No	None M	lrs. Dorotyl	n Maddox -Da	
18. CAUSE OF DEATH [Enter only one cause per I	line for (a), (b), and (c).	Dr En	111 AK	ONSET AND DEATH
IMMEDIATE CAUSE (a)	100, 9/EA	AT FAI	LUNG	7-7-66
442X DUE TO	1850 11	150111	no Koul	7/
Conditions, if any, which gave rise to immediate (b)	71/6/10 V	AD CULI	41 NENI	46 7
cause (a), stating the DUE TO	100100			/
underlying cause last. (c)	SCHOE			/
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
5 1) A West	es Mel	LITUS		YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of in)	ury in Part I or Part II of If	1 Land Barger
OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	Mot white —	ry, street, office bldg., etc.)		
		6 1	7 2 11	1//
21. I certify that (I) (this hospital) attend	1-/	194	C, to 2011	19.66 that (I) (we) last
saw the deceased alive on 22a. SIGNATURE	19200, and that	death occurred at		d on the date stated above.
228. SIGNATURE		ATTENDING XX MED	STAFF	3/12/1966
22c. PHYSICIAN'S	M.0	. PHYS OIR	ECTOR PHYS.	77 . 27 . 700
ENAME CYPE celen, M.D.		22d. ADDRESS La Pla	+ o Momerla	nd
BREMOVAL (Specify) 3/15/1966	23c. NAME OF CEMETERY		23d. LOCATION (City, town	
7/ // / /	Remington		Remington	
24. FUNERAL DIRECTOR	AOORESS		BY REGISTRAR 25b. REGI	
Arehart Funeral Home,	IncLa Plat	a Md . DATE AR	15 1966 PCL	anla Judal

VR A15 (4) 20M 1/65

the distributed the same of th Nous Mrs. Horotyngaladda - Baughter The season of th

Letter Similar Centery Amington Victimia

was at dome, inc. - le Plote, at. - in the same,

FOR STATE HEALTH DEFT

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O DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1-210-2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

AISME (5)

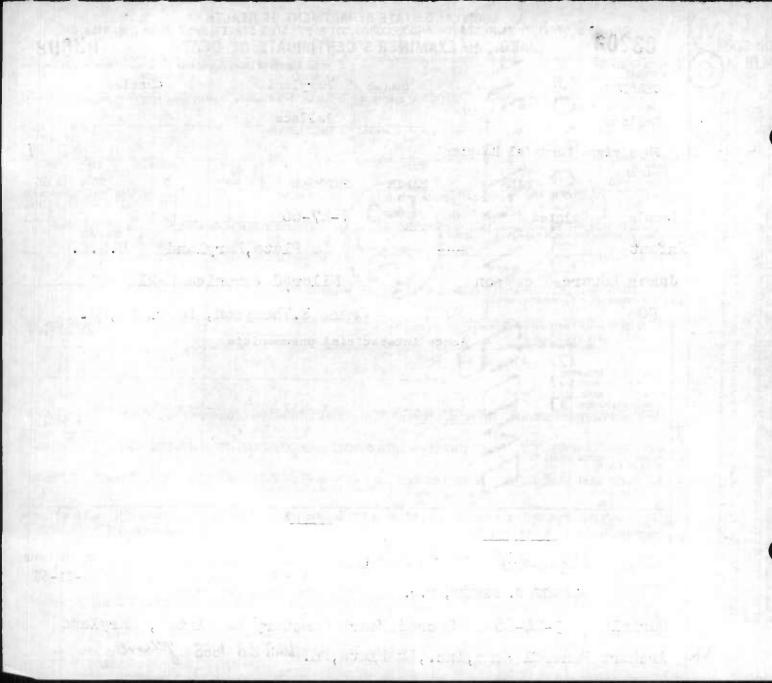
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
()3692

1.	PLACE OF DEAT a. COUNTY	Н			2. USUAL RESIDE		b. COUN	ITY _		efore admission
	CHARLES			MARYLAND				narles		
		/N (if outside corporat , end give nearest tow	e ilmits, n)	c. LENGTH OF STAY IN I	c. CITY OR TOWN	(If outside corp	orate limits, wr	ite RURAL 6	and give	nearest town)
-	I APlata	SPITAL OR INSTITUTION	N (If not In I	l hospital, give street eddre:		e			0 %	IS RESIDENCE
	d. MAINE OF THE	OF TIME ON INSTITUTIO	as (ii not iii i	lospital, give street addict	d. SINEEL ADDRES	,,				ON A FARM?
	Physici	ans Memoria	1 Hosp	oital					YE	s No
3.	NAME OF	Fli	st	Middle	Last	4. DATE	Month	1	Day	Yeer
73	(Type or print)	DA	NA	MARIE	THOMPSON	OF DEATH	3		20	19 66
5.	SEX		7. MARRIEI		8. DATE OF BIRTH	9.	AGE (In years		100 (4)	
_			WIDOWED		1 00 ((Days	Hours Min.
10	emale	Colored			1-27-66 111. BIRTHPLACE	(State or foreig	yrs.	2	IZEN OI	FWHAT
qui	ing most of work	ing life, even if retired	i) 100.	INDUSTRY					JNTRY?	***************************************
II	fant			NO 14 NO	La Pla	ta Mar	vland	U.	S.A	
13.	FATHER'S NAM	AE.			14. MOTHER'S MA	IDEN NAME				
	ames F	dward Thon	nnson		Mildred	Veron	ica Mak	ماء		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 1	7. INFORMANT	· · · · ·	Addres	S		
(Y)		(If yes give war or dates of	service)	NTO NETT	T . 50 fff1		T . D.		3.5.3	
	NO				James E.Th	ompson	, La P	ata,	Ma.	day newylechi
		EATH LENter only one		line for (a), (b), end (c).]						VAL BETWEEN T AND DEATH
	PART I. D	IMMEDIATE CAUSE	(0)	Acute interst	citial pneum	onitis	+ 1 727			
	4924	DUE	TO							
	Conditions, If	eny, which	(b)							
	gave rise to	Immediate (. ,							
	cause (e), s underlying cau	racing ma								
z			(c)	BUTING TO DEATH BUT NOT R	FLATED TO THE TERMINA	L DISFASE CONF	DITION GIVEN IN	PART 1(a)	119.	WAS AUTOPSY
2	TAKT II. OTHER	SIGHT TOART CONDITTE	MO COMINIE	SOTTING TO DEATH BOT HOTK	ELKIED TO THE TERRITOR	E DISEASE GOILE	THOM CIVE TIME		1	PERFORMED?
ICA									YES	X NO
CERTIFICATION	20a. EXTERNA PRIMARY ☐ or CAUSE OF DEA	L CAUSE WAS CONTRIBUTING [] TH.	20b.	DESCRIBE HOW INJURY OF	CCURRED. (Enter nature	of Injury In Pa	rt I or Pert II o	f Item 18.)		
AL C	20c. TIME OF	INJURY Month, Dey,	Year 20d.		PLACE OF INJURY (Home		City or town)	(Cour	ity)	(State)
MEDICAL	Hour a.	m.	While	Not While -	ctory, street, office bldg.	, etc.)				
ME		m. 19	et wo					. 🖂		
	21. I certif	y that I took charge	of the rea	mains described above,	held an Autopsy X	, inspection	n [, Inqu	iry,	and	In my opinid
	death resul	ted from: Natural	causes XX	Accident ,	Suicide, Homl	lcide ,	Undetermined	manner		
			0.0	- 1	CHIEF MEDIC	CAL EXAMINER	X			
	ACTUAL SIGNATURE	Mussl	00	5 Fisher	M.D. ASSISTANT N	MEDICAL EXAMI	NER [22.	DATE SIGNED
	SIGNATURE	., , , , , , , , , , , , , , , , , , ,				ICAL EXAMINE	R		3.	-21-66
	EXAMINER'S NAME (Type)	RUSSELL S	FTSI	HER. M.D.	Address (Str	eet, city, town,	or county)			21 00
23	. BURIAL, CRE	MATION 23b. DATE 1		23c. NAME OF CEMET			CATION (City, to	own or cou	nty)	(State)
	REMOVAL (Sp Burial	3-24-	-66	Sacred He	ert Cemete	ry La	Plata.	Mar	vla	nd
24	. FUNERAL DIR	ECTOR	-00	ADDRESS	25a.	REC'D BY REGIS	TRAR 25b. R	GISTRAR'S	SIGNA	TURE
			**	T T - 707	ata Md .MA	R 28 19	166 gcc	will	Que	dal.
	Arehar	t Funeral	Home	Inc., La Pl	ata Mal DAR	17 20 10	00		1	0

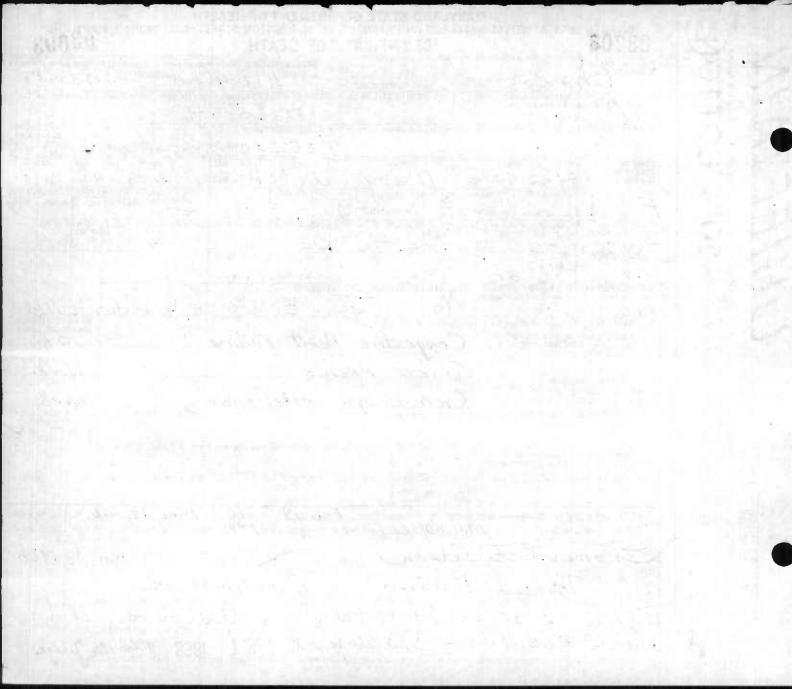


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Reg	idence before admission)
a. COUNTY Charles MARYLAND	a. STATE NITY (Amb. COUNTY	222695
	- OLTY OR TRUM (I - ALL - CONTROL III IA - WILL - BUIDAL -	ad also persont tourn
b. CITY OR TOWN (if outside corporate limits, write RORAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL at	ng give nearest town)
(1)aldort1	Waldorth,	07-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	M-totalland To B. from G	ON A FARM?
	11/12 Cta woman-Dean Town 11	YES ND
3. NAME OF First Middle	Last / 4. DATE Month	Day Year
(Type or print) (Tenevieve //ayy	100 (ch DEATH / Jarch 2	8, 1966
7.75.7	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
F C MANUAL WILLIAM MANUAL PLAN		ays Hours Min.
ducasian widowed Divorced	1464 7 1888 177 yrs.	
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		IZEN OF WHAT
during most of working life, even if retired) INDUSTRY		NTRY?
13. EATHER'S NAME	Dacimore, Mari	13,11.
13. TANTER S HAME	14. MOTHER'S MAIDEN NAME/	
John lillar	unknown	
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	J. E 11/2 (2/21/1)	(. m/
110 20	inn L. Welch Waldon	77, //dr
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONDESTIVE	Hoart Failure	12 6-15
1907		
Conditions to any subject to		1.1 - 11-
Conditions, If any, which gave rise to immediate (b) Severe ANE	2MIA	weeks_
cause (a), stating the DUE TO	16/ 1	
underlying cause last. (c) ATCINOMA	- STORDOMINAL	Woeks
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
TA		PERFORMED?
UL CO- AGGINERAL WAS UNDERWIND CT		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While at work hold at work to be at	CE OF INJURY (Home, farm, 20f. (City or town) (Count	ty) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)	
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	Feb 19 1966 to MAY 28, 1966	that (I) (we) last
saw the deceased alive on March 279 66, and that	t death occurred at AMM, from the causes and on the	date stated above.
22a. SIGNATURE	22b. DAT	
Thomas to the allows and	ATTENDING MED. STAFF	701916
M.D		28,1100
22c. PHYSICIAN'S NAME (Type) //	22d. ADDRESS	
Inomas L. lieldson	BYANDY WINE, Md.	
23a BURIAL, CREMATION, 23b. DATE THEREDF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or coun	ty) (State)
13 EMOVAL (Specify) 3-30-66 5+ 10 to	ers Waldory	11)d.
24. FUNERAL DIBECTOR . ADDRESS A	// M25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Levett Huneral Home, Stalda	A WA ADD A DON A	A .
Jaca Jaca Jaca Jaca Jaca Jaca Jaca Jaca	grand DATEPRI 1958 Schanle	Judge
		71 - 11

VR A15 (4) D



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03704	CERTIFICATE	OF DEATH		03694
	PLACE OF DEATH		a STATE	There deceased lived, if institution: b. COUNTY	
	CHARCES	MARYLAND	MARY	MAND	CHARLES
	b. CITY OR TOWN (If outside corparate limits, C. LENGTI RURAL and give pearest town)	OF STAY IN 16	C. EITY OR TOWN (If QU	tside corparate limits, write RURAL	and give nearest tawn)
	KUVa(.) ISSUE //1	etimo	(Kural)	ISSUE	07-1
(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
					YES NO
	NAME OF First	Middle	Lost	4. DATE Manth	Day Year
	DECEASED (Type or print) JOSEPH PERLEY	a	Jelch.	DEATH March	
. !	SEX 6. COLOR OR RACE 7. MARRIED NEV		. DATE OF BIRTH	1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS.
1	Male WIDOWED	DIVORCED	February	18, 1882 birthday) M	dillis buys lidulis mill.
00	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	NESS OR	, ,	& State, ar fareign country)	12. CITIZEN OF WHAT
uri	ing most of warking life, even if retired) Farmer—Retired INDUSTRY	ming	St. Mar	y's Co.,Md.	COUNTRY? A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	John Edward Welch		Mary	L. Swann	
S.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	RITY NO. 17. II	NFORMANT	Address	
/e	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknown) (If yes give war or dotes of service) None	Mr	. Thomas	Welch-Son-Iss	sue , Md.
7	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), or				INTERVAL BETWEEN
	DADT I DEATH WAS CALISED DV.		Jarchon		ONSET AND DEATH
d	4201 DUE 10				
ı	Conditions, if ony, which gave) (b) Chenca	lived a	Meroscl	er of.	5 years.
4	rise ta immediate cause (a), stoting the underlying cause DUE TO	0			
	last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
CERTIFICATION	Tumor in the paro	rid glan	d, Left.		PERFORMED? YES NO
Ž	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOV	INJURY OCCURRED. (Enter noture of injury in I	Part I ar Part II af item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
TENION.	OD TIME OF WHILDY M. A. D V	RRED 20e. PLAC	E OF INJURY (Hame, farm		(Caunty) (State)
I	Haur a.m. p.m. 19 20d. INJURY Mahm, Day, Yeor While at wark at wark	Vhile facto	ary, street, affice bldg., etc.)		
ı	21. I certify that (I) (this hospital) attended the	leceosed from	, 1	9 to March 2	2,,1966, that (I) (we) last
1	saw the deceased alive on 2 March 1	966, and that			d on the date stated above
1	22a. SIGNATURY				22b. DATE SIGNED
	Moordo. M.) M.D	ATTENDING N	MED. DIRECTOR PHYS.	2 March 1966
I	ZZC. PHYSICIAN'S		22d. ADDRESS D	ATA. MARYLA	1
	NAME (Type) ATETITUR O. W	OODDY	LA IL	HIA, NHKYLA	TND
	B 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
E	Butting 3/5/1966 Ho	ly Ghost	Cemeter	y Issue , A	Maryland
24		DDRESS		BY REGISTRAR 2Sb. REGIST	TRAR'S SIGNATURE
A	rehart Funeral Home, Inc	La Plata	A, Md. DATE A	7 7 1960 FC	world ladge

executed within 24 hours ofter deoth. Toge 4 may be retained by the hospital or attending physicion.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physican on completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificat Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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